

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5 RECEIVED

2012 DEC -7 AM 10:42

SELECT OUR AMERICA

FEC MAIL CENTER

ADDRESS (number and street)

PO BOX 30929



(Check if address
is changed)

SANTA BARBARA

CITY ▲

CA

STATE ▲

93130-0929

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

INFO@SELECTOURAMERICA.COM

Optional Second E-Mail Address

SELECTOURAMERICA@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

SELECTOURAMERICA.COM

2. DATE

12 / 05 / 2012

3. FEC IDENTIFICATION NUMBER ►

C00528422

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DENNIS B. EMORY

Signature of Treasurer

[Handwritten Signature]

Date

12 / 05 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

Candidate Committee:

- Name of Candidate

District

- Name of Candidate

(d)

(Democratic,
Republican, etc.) Party.

(e)

□

(f)



1

(g)

(h)

1.

2.

FEC ID number

C

3.

FEC ID number

C _____

4.

FEC ID number

[illegible]

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

12030971963

Full Name of
Designated
Agent

TOBIAS EIMURY

Mailing Address

PO BOX 30929

SANTA BARRBARA

CITY

CA

STATE

93130-0929

ZIP CODE

Title or Position

Telephone number

805-319-4144

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030971964

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
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☐ Postmark Illegible

☐ No Postmark

<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <u>FEDEX</u>	Shipping Date <u>12/6/12</u>	
		Next Business Day Delivery <input checked="" type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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AA
PREPARER

12/7/12
DATE PREPARED